

Internet Consent Form
ServingLeaders Ministries

Maintaining the confidentiality of our clients is essential at ServingLeaders Ministries.

1. I understand that due to the unique circumstances of the coronavirus, I and my health care provider have agreed to engage in a telemedicine consultation.
2. My health care provider has explained to me how the video conferencing technology will be used to effectuate our sessions and that it may not be the same as an in-person session.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my healthcare provider or I can discontinue the telemedicine sessions at any time if it is felt that the videoconferencing connections are not adequate for the situation.
4. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes.
5. I have had the alternatives to a telemedicine consultation explained to me, and am choosing to participate in a telemedicine consultation.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me
- That I fully understand its contents including the risks and benefits of the virtual session
- That I have been given opportunity to ask questions and that any questions have been answered to my satisfaction.

Print Name of Client

Signature of Client

Date

Signature of Parent Guardian

Date